

# CLAIMS ONLY BEST AVAILABLE COPY

Application Number

10/647,285

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2			1			
3				1		
4				1		
5				1		
6			1			
7			1			
8			1			
9				1		
10				1		
11				1		
12				1		
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50						
Total indep	1		12			
Total depend	18		9			
Total claims	19		21			

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total indep						
Total depend						
Total Claims						